

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL

March 15, 2017 10:00 am to 3:30 pm

Polk County River Place, Room 1

2309 Euclid Ave, Des Moines, IA 50310

MEETING MINUTES

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS PRESENT:

Teresa Bomhoff

Jim Chesnik (phone)

Jim Cornick

Jim Donoghue

George Estle

Kathleen Goines (phone)

Kris Graves

Michael Kaufmann (phone)

Gary Keller (phone)

Anna Killpack

Sharon Lambert

Todd Lange

Brenda Lechner

Craig Matzke

Todd Noack

Tammy Nyden

Brad Richardson

Jim Rixner

Lee Ann Russo (phone)

Dennis Sharp

Rhonda Shouse

DJ Swope

Michele Tilotta

Jennifer Vitko (phone)

Kimberly Wilson (phone)

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS ABSENT:

Kenneth Briggs Jr.

Julie Kalambokidis

Amber Lewis

LeAnn Moskowitz

Carole Police

Donna Richard-Langer

Tracy White

OTHER ATTENDEES:

Theresa Armstrong

Judy Davis

Christie Gerken

Peter Schumacher

John Stoebe

Kelli Todd

Kelsey Zantingh

Bureau Chief, Community Services and Planning, DHS

NAMI Iowa/Office of Consumer Affairs

Iowa Advocates for Mental Health Recovery

DHS, MHDS, Community Services & Planning

University of Iowa Health Systems

Managed Care Ombudsman Program

Managed Care Ombudsman Program

Chair Teresa Bomhoff called the meeting to order at 10:03 a.m. and led introductions. Quorum was established with sixteen members present and six participating by phone.

Tammy Nyden made a motion to approve the September and October meeting minutes as presented. Anna Killpack seconded the motion. The motion passed unanimously.

Nominations Committee – Brad Richardson

Brad said the committee has received two applications, but the Planning Council has not had a chance to review them. The two applications are for Earl Kelly and Harry Olmstead.

Update on the Jackie Waiver and Jackie Skip – Anna Killpack

Anna Killpack said the bill for the Jackie Waiver and Jackie Skip was combined into one bill known as Jackie's Law. Anna said the bill was drafted very late, and therefore did not survive the first funnel.

Anna said the bill met opposition from the Iowa Sheriffs and Deputies Association and the Iowa State Association of Counties.

There was a discussion on the policy development process and emergency care for mental health.

Peer Support Dashboard – Todd Lange

Todd Lange thanked the Planning Council for their support of peer support over the last few years, and said as a result, peer support has become a priority in the state.

Todd explained that Adult Peer Support refers to an adult with lived experience with mental illness and specialized training providing non-clinical recovery support to other people with mental illness. Family Peer Support is similar, except it is a family member of a child with a Serious Emotional Disturbance (SED) providing support to other family members. Todd said peer support is an evidence-based practice, and a required core service for the fourteen MHDS Regions.

Todd spoke about the East Central Region which has both Adult and Family Peer Support, and peers have been actively involved in the development of services in the Region. Peers are working to be more active in services such as:

- Hospital Bridging, helping individuals transition from inpatient care back into the community
- Crisis Intervention
- Jail Diversion services
- Assisting in wrap-around services and post-crisis planning

Todd said he is also working with other Regions to help them invest in peer-run services.

Todd Noack spoke about utilizing peer support in mental health crisis response and prevention.

Brad Richardson asked for an update on Todd Noack's plan to open a peer-run respite home. Todd answered that the house is currently being rezoned, and that their cost-estimate was very close.

Jim Rixner asked why the house needed to be rezoned. Todd Noack answered that the city has rules that this would be commercial work, and the house is currently zoned in a residential area.

Craig Matzke asked if peer support is being used to connect with people being released from corrections. Todd Noack answered that United Way is working with them on supporting people in jail, or being released.

Todd Lange spoke about ways peer support could be utilized to support individuals who have been involved in the criminal justice system.

Jim Rixner explained that he was asking questions because of his role on the Monitoring and Oversight Committee. The committee had concerns over the effectiveness of The University of Iowa's peer support training program. Todd Lange said there had been a lapse in peer support funding, and he was encouraged that funding for peer support specialist training had resumed under this contract.

Brad Richardson asked about peer run warm lines. Todd Lange answered that there was a peer-run warm line being operated by Abbe Health in Cedar Rapids. The demand for the warm line has been steadily. This is for individuals to call in for non-crisis support. There is a protocol with Foundation 2 crisis line for a warm hand-off.

Sharon Lambert asked how the facility is set up. Todd Lange answered that peers work remotely, and can work from their cell phones.

Todd Noack said the phone number for the warm line is (844) 775-9276, and it is officially open from 5:00 to 10:00 pm, but it has been answered outside that time range.

Tammy Nyden asked if there was a similar resource for family peer support. Todd Lange answered that it is mostly people with their own lived experience on this warm line.

Monitoring and Oversight Committee – Jim Rixner

Jim Rixner said the Committee has spoken about peer support, and encouraged members of the Planning Council to advocate for peer support employment opportunities in MHDS Regions. Jim said peer support will continue to be a major priority for the committee.

Jim said his organization is owed a significant amount of money from Medicaid MCOs and Iowa Medicaid Enterprise (IME), and expressed concern for Iowa's Medicaid program.

There was a discussion on Iowa's Medicaid program, and concerns providers are having.

Children's Committee – Tammy Nyden

Tammy said most of the legislative items she spoke about at the previous meeting did not advance after the first funnel.

Tammy said the Children's Committee will focus on education in the next year. Tammy said she would like to see more health services being provided in schools.

Tammy said she is also the chair of NAMI Iowa's Children's Mental Health Committee, and they are working to start another coalition similar to the one they had in 2015. This time, the coalition would be focusing on education, and Tammy encouraged anyone who is interested to contact her.

Tammy mentioned a group

The Planning Council broke for lunch at 12:00 pm

The meeting resumed at 12:58 pm

Managed Care Ombudsman Program – Kelli Todd and Kelsey Zantingh

Kelli Todd and Kelsey Zantingh introduced themselves and thanked the Planning Council for inviting them to speak on the Managed Care Ombudsman Program.

Kelli explained that the Managed Care Ombudsman Program (MCOP) is fairly new and serves individuals on Medicaid Home and Community-Based Service (HCBS) Waivers, residential care situations, and children on the Children's Mental Health Waiver from their eight offices across the state. Kelli said most of what the Ombudsmen do is answer questions, provide information, and help Medicaid members interact with Medicaid MCOs.

Kelsey said she is a Managed Care Ombudsman and presented materials from their office.

Anna Killpack asked if they work with people receiving habilitation services. Kelsey answered that those individuals are technically outside their designated population, but the MCOP would still work to support them as they are able.

Teresa Bomhoff asked how many Medicaid members the MCOP serves. Kelli answered that it fluctuates every month between approximately 37,000 to 56,000 members.

Tammy Nyden asked if the MCOP is a state-run organization, or run by the Medicaid MCOs. Kelli said they are all state employees. The MCOP is an independent office housed within the Iowa Department on Aging. They receive both federal and state funding.

Kelsey spoke about the MCOP's monthly report, which contains aggregate data on contacts sorted by member issue and MCO. The report also lists referrals, services provided to the contacts, and the average resolution time in days.

Todd Noack asked about the difference in the number of calls between MCOs. Kelsey answered that not all calls are reporting issues or bad things, and many calls follow news stories, and one MCO has been in the news lately.

Rhonda Shouse asked if they receive calls from the populations that the MCOP does not serve, are they noted in the program's reports? Kelsey said those calls are still noted in the reports.

Teresa Bomhoff asked if the MCOP is involved with critical incident reporting. Kelli said they are not part of that process, and are only brought in if they are notified.

Jim Rixner asked who the other Medicaid members should contact since the MCOP only serves members on HCBS waivers, in residential care situations, and children on the Children's Mental Health Waiver. Kelli said members could call the Long Term Care Ombudsman's office if they are in nursing facilities or other long term care facilities, and all members could call the State Ombudsman, which monitors all state programs.

George Estle asked if the program was created by Iowa Code. Kellie answered that it was because the Center for Medicare and Medicaid Services (CMS) requires that there be an advocate for the population receiving long term care if a state moves it under managed care.

Tammy Nyden asked what happens if they get a call from someone outside the scop of the MCOP. Kelli said they would work to help the individual as they could, but if they were not able to resolve it, they would refer the individual to the proper authority.

Rhonda Shouse asked how someone would get onto the email distribution list for the MCOP. Peter Schumacher said he would send an email to the Planning Council asking if anyone is interested, and will compile a list to send to Kelli to add to the distribution list.

There was a discussion about the scope of various ombudsman programs in Iowa.

DHS/MHDS Update – Theresa Armstrong

Theresa said the administrative rules regarding the Autism Support Program and mental health crisis services accreditation are posted in the February Administrative Bulletin, and the public comment period extends through April 7. If all goes well, they will be effective on July 1.

Theresa said invitations to Community Connections Supporting Reentry (CCSR) were sent out, and the Planning Council would have received those invitation as well.

Theresa said the final round of trainings would happen in April, and invited anyone who is interested to attend.

HF 546: A bill that would mandate all mental health and disability services currently listed as core plus services. This bill would also establish a statewide workgroup to address the care of people with the most complex needs. The bill also instructs MHDS Regions to form their own groups to address needs more locally. Theresa said this bill also contains changes to the inpatient bed-tracking system. The bill would require hospitals to update the system twice a day, whereas now hospitals provide updates voluntarily. The bill would also add gender as a sorting criterion.

SF 369: This bill would require the Department to contact all 29 hospitals with inpatient psychiatric beds twice a day to ensure they have updated the bed tracking system. Theresa said the Department already checks the system every day and contacts any hospital that has not updated their system in the last twenty-four hours.

HF 343/SF 365: is a bill on MHDS Region funding. Theresa said this bill would make a statewide levy cap of \$47.28 per capita.

SF 302: is a bill that would allow counties and regions to contract with a third-party transportation provider to transport individuals under mental health commitment. Some counties are already contracting with other providers. Theresa said this bill would give expressed permission where the law is currently silent.

SF 464/HF 319: are bills that would allow mental health professionals to perform mental health assessments. This is within their scope of practice, but currently, doctors are required to sign off on all assessments.

SF 400: is a bill that would require that private health insurers to cover applied behavioral analysis services for children with autism up to age 19. Theresa said that this would only affect insurance plans governed by state law, and many insurance plans are through large employers and are “self-funded”, and those plans are governed by federal law.

Theresa said she expects to see something on children’s mental health, but thought it might be in the Health and Human Services Appropriations bill. Teresa spoke about the Planning Council’s legislative priorities and whether they had been addressed.

Public Comment

Teresa Bomhoff spoke about the Children’s Mental Health and Well-Being Workgroup, and asked if Jim Donoghue could arrange a meeting between members of the Planning Council and representatives from the Department of Education.

The meeting was adjourned at approximately 3:12 pm.

Minutes respectfully submitted by Peter Schumacher